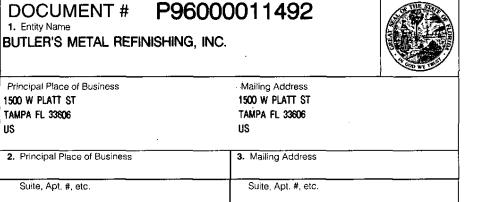
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 



## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90157 033 \*\*\*150.00

Principal Place of Business 1500 W PLATT ST TAMPA FL 33806 US 2. Principal Place of Business		Mailing Address 1500 W PLATT ST TAMPA FL 33606 US  3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	4. FEI Number 65-0640525			oplied For	
Zìp	Country Zip Cou		Country	5.	5. Certificate of Status Desired			Not Applicable  8.75 Additional  ee Required	
6. Name and Address of Current Registered Agent PIEDRA, HARRY E JR. 16204 PEBBLEBROOK DRIVE				Name  Name  Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL	33624	C				FL	Zip Code	e	
signatureFI	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent agent to the statement of the statement	and title if applicable. (NOTE	E: Registered Agent sign			DATE	\$5.0	0 May Be	
STREET ADDRESS	OFFICERS AND P PIEDRA, HARRY E JR. 16204 PEBBLEBROOK DRIVE TAMPA FL 33624-1025	DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		DDITIONS/CHANGES TO OFFICE		OIRECTORS  Change	S IN 11  Addition	
NAME STREET ADDRESS	vp Piedra, Vallis 16204 Pebblebrook Drive Tampa Fl 33624-1025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			Change	Addition	
TITLE NAME STREET ADDRESS	T Piedra, Nicole D 16204 Pebblebrook Drive Tampa Fl 33624-1025	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ţ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		Ē	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		110 07/2VI) Elorido Statutos Liver		_ Change	Addition	

indicated on this report or supplied with this iming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, withall other like empowered.

SIGNATURE: \_: